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Medical Financial Assistance (MFA) Program

If you need help paying for health care services or prescriptions you have had, or are scheduled to receive, from Kaiser Permanente, our Medical Financial Assistance (MFA) program may be able to help you. You may apply by completing and submitting an application, including your household income information.

How the program works

- The program offers temporary "awards" to help qualified applicants pay for care based on their financial needs.
- It's available to all Kaiser Permanente patients, whether you're a member or not.
- If awarded, the program will cover emergent/urgent or medically necessary care from Kaiser Permanente providers or at Kaiser Permanente facilities for a specified time.
- The award does not apply to health care services provided and billed outside of Kaiser Permanente facilities.

How to qualify

To qualify, you must meet ONE of the following sets of criteria:

1. Your gross household income (income before taxes and deductions) is 300% or less of the federal poverty level.

OR

2. Your out-of-pocket health care costs for emergency or medically necessary care, dental care, and medication over a 12-month period are equal to or more than 10% of your gross household income.
   - Out-of-pocket costs include copays, coinsurance, and deductible payments.
   - Out-of-pocket costs do not include any payments for your health plan itself, like your monthly premium.

2024 Federal Poverty Guidelines (FPG)			
If your household/ family size is:	**100% award for gross monthly household income at or below 200% of FPG**	**75% award for gross monthly household income between 201% and 250% of FPG**	**50% award for gross monthly household income between 251% and 300% of FPG**
1	Up to $2,510	$2,511 to $3,138	$3,139 to $3,765
2	Up to $3,407	$3,408 to $4,258	$4,259 to $5,110
3	Up to $4,303	$4,304 to $5,379	$5,380 to $6,455
4	Up to $5,200	$5,201 to $6,500	$6,501 to $7,800
5	Up to $6,097	$6,098 to $7,621	$7,622 to $9,145
6	Up to $6,993	$6,994 to $8,742	$8,743 to $10,490

Visit aspe.hhs.gov/poverty to find the guidelines for larger households.

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Have questions?
For more information about qualifying for the MFA program, or to see which health care services it pays for, visit kp.org/mfa/wa, call **1-800-442-4014** or scan this code.

For more information about health care coverage options, call us at **1-800-479-5764** (TTY **711**).

How to apply

If you meet the eligibility requirements, you can apply in any of these ways.

Online	• Complete the MFA application online kp.org/mfa/wa • Be prepared to provide all the information listed on the MFA application on the next page.
Fax it	• Complete the MFA application on the following page. • Fax your completed application to **206-877-0640**.
Mail it	• Complete the MFA application on the following page. • Mail your completed application to: Kaiser Permanente MFA Program PO Box 34584 Seattle, WA 98124-1584
Drop it off	• Complete the MFA application on the following page. • Drop off your completed application at the Business Office or check-in desk at any Kaiser Permanente facility.

Important: When applying online, by mail or fax, or dropping off your application in person, please be sure to fill out the application as much as you can. Missing information may delay the processing of your application and could result in a denial for assistance.

Need help?

If you have any questions or need help with your application, please call **1-800-442-4014** (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m., PST.

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Proof-of-income documentation

Income verification is part of determining eligibility for medical financial assistance. Including proof-of-income documentation with your completed application will assist in confirming the accuracy of your income during the review process. The table below lists the optional documents to submit according to your household income source(s).

Household Income Source(s)	Provide Only One of the Following per Income Source
Business/rental income	Recent W-2s, 1099 statement(s) or tax return
Employment income/wages	Recent pay stubs Recent W-2s, 1099 statement(s) or tax return
Received pension/retirement/annuities income	Recent pay stubs Pension/retirement disbursement statement Recent W-2s, 1099 statement(s) or tax return
Self-employed income	Recent pay stubs Recent W-2s, 1099 statement(s) or tax return
Social Security/supplemental security income	Benefit verification letter from Social Security Administration Social Security statement
Unemployment benefits/disability income	Unemployment/disability benefits verification letter Recent W-2s, 1099 statement(s) or tax return
Veteran benefits income	VA benefits verification letter Recent W-2s, 1099 statement(s) or tax return
Government assistance (e.g., Medicaid, TANF, SNAP, WIC, or low-income housing)	Approval of eligibility letter
Interest or dividends income	Recent tax return
Spousal/child support payments received	A letter showing monthly gross income received for child support or alimony
No household income	Written attestation/explanation

What to expect after you apply

After we review your completed application, we'll let you know one of the following outcomes within thirty (30) days of receipt:

- If your application is approved, you'll receive a letter notifying you of your financial award.
- If your application is incomplete, you'll receive a letter explaining the information needed to process your application. You can either mail or in-person drop off the requested information; this could include proof of income or copies of your out-of-pocket expenses.
- If your application is denied, you'll receive a letter notifying you why it was denied, in which case you can appeal our decision.

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This is an application for medical financial assistance at a Kaiser Permanente facility.

Medical Financial Assistance (MFA) Program Application

Section 1: Patient Information

NAME | MEDICAL RECORD NUMBER (OPTIONAL)

DATE OF BIRTH | SOCIAL SECURITY NUMBER (OPTIONAL) ☐ I do not have a Social Security Number

MAILING ADDRESS (STREET)

CITY | STATE | ZIP CODE

Is patient currently unhoused? ☐ Yes ☐ No

PRIMARY PHONE NUMBER ☐ Home ☐ Mobile ☐ Work ☐ Other

Is the patient enrolled in a state-based assistance program such as Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Women, Infants & Children (WIC), low-income housing, or Medicaid? ☐ Yes ☐ No

Section 2: Household Information

Household size: Number of household members (including you) who live in your home. May include a spouse or qualified domestic partner, children, a non-parent caretaker, relative, etc.

_____

Household income (monthly): Total gross income (income before taxes and deductions) for all household members over 18 years of age. Check ALL income types that apply:

- ☐ Business/rental income
- ☐ Social Security/supplemental security income
- ☐ Employment income/wages
- ☐ Unemployment benefits/disability income
- ☐ Veterans benefits income
- ☐ Spousal/child support payments received
- ☐ Interest or dividends income
- ☐ Received pension/retirement/annuities income
- ☐ Self-employed income
- ☐ No one in my household is earning or has received income in the past 2 months

If the annual gross income for all household members is zero, check the attestation box above and below, provide a written explanation as to how the adult family members in the household support yourselves without income, i.e., food, shelter, utilities, and other necessities.

_____

_____

_____

$ _____

Health care costs: Total out-of-pocket expenses you had over a 12-month period for emergency or medically necessary services provided by Kaiser Permanente or any other health care provider. May include copays, deposits, coinsurance, or deductible payments for eligible medical, pharmacy, or dental services.

$ _____

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Please list all members of your household applying for Medical Financial Assistance.

Name	Date of birth	Relationship	Medical record #

Uninsured? Kaiser Permanente can help. If you do not have health care coverage, we can help you understand your options. Check this box if you would like Kaiser Permanente to contact you to discuss your options or you can call us at **1-800-479-5764** (TTY **711**) to obtain a quote.

☐ Yes, contact me

I hereby declare that all information set forth above in this application is true, accurate, and complete in all respects. I also acknowledge and agree that I am liable to Kaiser Foundation Health Plan and Hospitals (KFH/HP) for all amounts owing to Kaiser Foundation Health Plan and Hospitals for medical goods and services that are not eligible under the program (the “Remaining Amounts”).

Note: When proof-of-income is not provided, Kaiser Foundation Health Plan and Hospitals will use information from consumer credit reporting agencies and other third-party information sources to determine eligibility for federal, state, and private medical programs, including the MFA Program.

By submitting this application, I provide KFH/HP permission to request information from consumer credit reporting agencies and other third-party information sources to verify any information provided in this application that is deemed necessary.

SIGNATURE	DATE

Every reasonable effort will be made to process your application promptly and once your application has been reviewed you will receive a letter confirming the outcome.

NOTICE OF LANGUAGE ASSISTANCE SERVICES

English: If you need help in your language, language assistance is available at no cost to you, 24 hours a day, 7 days a week (closed holidays). Call our Member Service Contact Center at 1-800-464-4000 (TTY 711) for help or visit any registration desk for more information at any Kaiser Permanente hospital, Monday through Friday, 8 a.m. to 5 p.m. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronical formats are also available.

Chinese：如果您需要使用您的语言获得帮助，我们每周 7 天、每天 24 小时免费提供语言帮助（节假日休息）。请致电 1-800-464-4000 (TTY 711) 联络我们的会员服务联络中心以寻求帮助，或前往任何 Kaiser Permanente 医院的登记台了解更多信息，我们的服务时间为周一至周五上午 8 点至下午 5 点。我们还为残疾人提供辅助工具和服务，例如盲文、大字体、音频和其他无障碍电子格式的文档。

Spanish: Si necesita ayuda en su idioma, contamos con asistencia de idiomas sin costo alguno para usted las 24 horas del día, los 7 días de la semana (excepto los días festivos). Comuníquese con nuestra Central de Llamadas de Servicio a los Miembros al 1-800-464-4000 (TTY 711) para obtener ayuda. O visite el mostrador de recepción en cualquier hospital de Kaiser Permanente para obtener más información, de lunes a viernes, de 8 a. m. a 5 p. m. También ofrecemos ayudas y servicios para personas con discapacidades, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles.